

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 10/724,870 Confirmation No.: 1625
Applicant(s) : Randall S. HICKLE
Filed : December 2, 2003
TC/A.U. : 3735
Examiner : Navin Natnithithadha
Title : RESPIRATORY MONITORING SYSTEMS AND METHODS
Docket No. : 82021-0033
Customer No. : 24633

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

RESPONSE TRANSMITTAL

Sir:

Transmitted herewith for filing is a Response After Final in response to the Office Action dated **December 29, 2008** in the above-identified application.

Applicant petitions for an extension of time, the fees for which are set forth in 37 C.F.R. § 1.17(a), for the total number of months checked below:

<u>Total Months Requested</u>	<u>Fee for Extension of Time</u>
<input type="checkbox"/> first month	\$ 120.00/ 60.00
<input type="checkbox"/> second month	\$ 460.00/ 230.00
<input type="checkbox"/> third month	\$1,050.00/ 525.00

Extension of time fee due with this request: **\$ 0.00**

If an additional extension of time is required, please consider this a Petition therefore.

U.S. Application No. 10/724,870
Response Transmittal

The fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE
TOTAL	16	MINUS	20	= 0	X 52/26 =	\$ 0.00
INDEP.	1	MINUS	3	= 0	X 220/110 =	\$ 0.00
Extension of Time for _____ Month						\$ 0.00
						SUB-TOTAL \$ 0.00
						Reduce by ½ for Small Entity \$.00
						TOTAL \$ 0.00

No additional fee is required.

A check in the amount of \$0.00 is attached.

Please charge my Deposit Account No. 50-1349 the amount of \$0.00.

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1349.

Any filing fees under 37 C.F.R. §1.16 for the presentation of extra claims.

Any patent application processing fees under 37 C.F.R. §1.17.

Respectfully submitted,

HOGAN & HARTSON LLP

Dated: February 27, 2009

By: _____


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